

DEMOLITION PERMIT APPLICATION

APPLICANTS ARE REQUESTED TO PROVIDE A CURRENT DRIVERS LICENSE AS PROOF OF IDENTIFICATION AND A COPY OF THEIR CONTRACTORS LICENSE.

NAME OF CONTRACTOR: _____
CONTRACTOR'S LICENSE NUMBER: _____ TELEPHONE NUMBER: _____

ADDRESS OF STRUCTURE TO BE DEMOLISHED: _____
OWNER OF STRUCTURE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
OWNER'S TELEPHONE NUMBER: (____) _____

*** HAS THE STRUCTURE BEEN INSPECTED FOR HAZARDOUS MATERIAL?**

YES:___ NO:___ ATTACH COPY OF HAZARDOUS MATERIAL REPORT TO THIS APPLICATION. THIS PERMIT CANNOT BE PROCESSED FOR A COMMERCIAL STRUCTURE WITHOUT HM REPORT.

*** DOES THE STRUCTURE CONTAIN ANY HAZARDOUS MATERIAL?**

YES: NO: PROVIDE COPY OF HM REPORT.

*** SEE ATTACHED STANDARDS FOR DEMOLITION AND TEXAS DEPARTMENT OF HEALTH DEMOLITION/RENOVATION NOTIFICATION FORMS AND INFORMATION.**

WHAT IS THE DOLLAR VALUATION OF THE STRUCTURE TO BE DEMOLISHED?

\$ _____ (DO NOT USE \$0 AS VALUATION)

RESIDENTIAL DEMOLITION PERMIT FEE:..... \$25.00
COMMERCIAL DEMOLITION PERMIT FEE:..... \$50.00

“THERE WILL BE NO PERMIT FEE IF THE STRUCTURE TO BE DEMOLISHED IS ON THE UNSAFE STRUCTURE LIST”

THIS PERMIT SHALL BE VOID THIRTY (30) DAYS FROM THE DATE OF ISSUE IF PERMITTED WORK HAS NOT COMMENCED.

ALL WORK IS TO BE COMPLETED WITHIN _____ DAYS FROM THE DATE OF ISSUE.

NOTE: PERMIT HOLDER SHALL NOTIFY ENVIRONMENTAL HEALTH DEPT. PRIOR TO START OF DEMOLITION WORK. TELEPHONE NUMBER: 393-8441

Contractor's Signature

Date

Reviewed by the Building Official: _____ Date: _____
10/99

FORWARD COPY OF THIS PERMIT TO ENVIRONMENTAL HEALTH DEPARTMENT